

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90006 047 \*\*\*150.00

DOCUMENT # P96000021791

1. Entity Name

CADQUEST, INC.



Principal Place of Business

CADQUEST INC  
7211 N DALE MABRY HWY STE.204  
TAMPA FL 33614  
US

Mailing Address

CADQUEST, INC  
7211 N DALE MABRY HWY STE. 204  
TAMPA FL 33614  
US

2. Principal Place of Business

5705 Piney Ln DR  
Suite, Apt. #, etc.

3. Mailing Address

5705 Piney Ln DR  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TAMPA FLORIDA

City & State

TAMPA, FL

4. FEI Number

59-3363422

Applied For

Not Applicable

Zip

33625

Country

HILLSBOROUGH

Zip

33625

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, GLENN  
5601 PINEY LN DR  
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name GLENN NEWMAN

Street Address (P.O. Box Number is Not Acceptable)

5705 Piney Lane Drive

City TAMPA

FL

Zip Code 33625

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Glenn Newman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/2004

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME NEWMAN, GLENN  
STREET ADDRESS 5601 PINEY LN. DR.  
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME GLENN NEWMAN  
STREET ADDRESS 5705 Piney Ln DR  
CITY-ST-ZIP TAMPA, FL. 33625

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2004 813-930-8800

Date

Daytime Phone #